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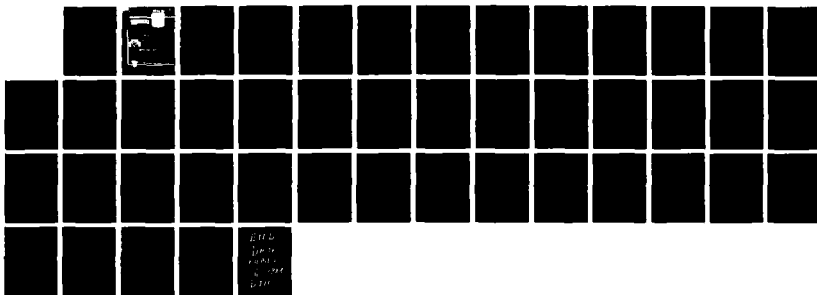
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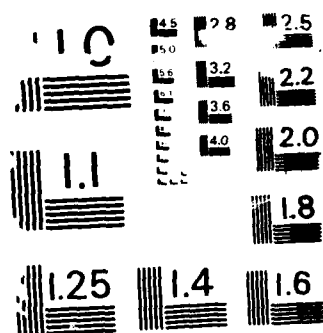
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CRISIS INTERVENTION AND THE MILITARY FAMILY:
A MODEL INSTALLATION PROGRAM

BY

COLONEL JAMES T. RACKSTRAW, MP

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CRISIS INTERVENTION AND THE MILITARY FAMILY:
A MODEL INSTALLATION PROGRAM

AN INDIVIDUAL STUDY PROJECT

by

Colonel James T. Rackstraw, MP

Colonel James Schoonover
Project Advisor

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U.S. Army War College
Carlisle Barracks, Pennsylvania 17013
7 March 1988

ABSTRACT

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A Model Installation Program

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This ^{report} paper reviews existing Army programs designed to help families solve a myriad of problems ranging from serious incidents like child and spouse abuse to less serious problems like budget management and good parenting techniques. Family dysfunction is defined in two categories: High and low intensity conflict. The former is defined as criminal activity requiring police intervention while the latter is more domestic oriented and may not require police intervention. Examples range from homicide, assault and abuse to indebtedness or alcohol problems.

Additionally, this paper briefly explores the history of family advocacy programs by reviewing statistics pertinent to family violence. Finally, there is an explanation of the Family Advocacy Program as it is currently structured and a proposed system to work in concert with those programs already in existence. The installation provost marshal and Director of Army Community Services are the two key players in the proposed system. Through the use of their personnel they can establish a response, intake and referral system to help families solve minor problems before they result in criminal activity. The program is designed to take the onus off commanders by seeing that soldiers and their families that need help are referred to the agency best suited to help them resolve the problem. This system is non punitive in nature and relies on early identification of family dysfunctions for its success.

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CRISIS INTERVENTION AND THE MILITARY FAMILY:
A MODEL INSTALLATION PROGRAM

CHAPTER I

INTRODUCTION

Domestic violence permeates all levels of our society. It is not restricted to any particular social or economic group nor any one sex or age group. Several studies indicate that twenty five percent of all homicides occur within the family unit. Police response to domestic complaints account for one-fourth of all police calls to residential areas and it is widely believed that domestic violence is the most under reported crime in America.

A review of Defense Department statistics for fiscal year 1986 revealed that there were a total of 7,904 cases of child abuse and 11,318 cases of spouse abuse. Army figures for the same offenses were 3,333 and 5,876 respectively. If, as some studies suggest, these crimes are under reported it is clear that the services have a problem of some magnitude.

Domestic violence cases resulting in homicide, aggravated or simple assault, or incidents of spouse and child abuse are defined as high intensity conflicts requiring police intervention. Incidents of family dysfunction such as alcohol abuse, indebtedness, poor parenting techniques, and child or spouse neglect are examples of low intensity conflicts that may or may not require a police response. The Army Family Advocacy Program, as it is currently structured, deals with high intensity conflict in a reactive mode. A crime is committed, the offender apprehended and the system activated to deal with the problem through the Family

Advocacy Case Management Team. It is an excellent system that protects, helps and provides long term care to those in need. There is a need to develop a similar system that helps families solve low intensity conflicts in a proactive rather than reactive mode. This proposed system can be implemented by integrating the efforts of commanders, provost marshals, hospital personnel, Army Community Service agencies, and any other post resource that may have contact with a family in trouble. Military police are often the first to have contact with a family that has a domestic problem. If a crime has not been committed they often stop the argument and depart the area without making any effort to determine the nature of the problem. By forming a crises reaction team the provost marshal has a tool to use when responding to complaints of domestic incidents. This team does an on-the-spot assessment of the problem, notifies the unit chain of command and, if necessary, refers the family to whatever agency is best suited to help them solve their problem. In conjunction with this program, the Army Community Service director can form an outreach team designed to help families by providing services to meet military family needs. This program welcomes new soldiers and their families to the community and provides a variety of services ranging from budget management to caring for new born infants. The program can be tailored to meet local needs and is an excellent tool for making military families feel they are a vital part of the military family.

The remainder of this paper is devoted to explaining the history of family programs in the Army, defining the nature of the Army problem and recommending how to implement the programs explained above.

BACKGROUND

Implementation of family support systems is a recent phenomenon for the United States Army. A review of Army history reveals that at its inception there was a general belief that families had no place in the military system. During the period 1776-1847 families were considered to be a hindrance to military efficiency. By 1913 Army regulations discouraged marriage because of the potential for adversely affecting operations. In 1942 draftees could be married but enlistees could not. Over time however, society began to change and by 1960 family members outnumbered soldiers. This required a reaction on the part of the Army and in 1962 family service programs began to emerge. These programs were slow to get started but gained momentum through the 1960's and into the 1970's. In 1980 the first family symposium was held and Department of Defense Directive 6400.1, Family Advocacy, was written. Since that time, two additional symposiums have been held and the Army has published AR 608-18, The Family Advocacy Program. Clearly, the days of "If the Army wanted you to have a wife, it would issue you one" are over. There has been a commitment on the part of the Army leadership to recognize the importance of families. Former Army Chief of Staff John A. Wickham published a white paper in 1983 in which he said,

A partnership exists between the Army and Army Families. The Army's unique missions, concept of service and lifestyle of its members -- all affect the nature of this partnership. Towards the goal of building a strong partnership, the Army remains committed to assuring adequate support to

families in order to promote wellness; to develop a sense of community; and to strengthen the mutually reinforcing bonds between the Army and its families.¹

This commitment was reaffirmed by General Carl E. Vuono, the new Army Chief of Staff, in August 1987 when he said:

We need to defend our Nation - and that includes continuing the Family Programs that demonstrate we care, and that indirectly but very tangibly contribute to Combat Readiness.²

DEFINING THE PROBLEM

Along with the increase in family member strength came the responsibility to care for those families. Military life creates stressful situations that can cause families to become dysfunctional. Frequent moves, long and short separations, inadequate housing and social isolation are only a few factors that may contribute to family problems. Additional areas of concern involve child rearing, financial difficulties, household management and single parenting. Research has shown that the age group most likely to experience difficulties in these areas fall in the twenty to thirty year old range. A review of Army demographics reveals that this age group represents the largest population base. See Figure 1.

<u>AGE</u>	<u>OFFICER</u>	<u>ENLISTED</u>
20	44	152,256
21-25	18,145	241,746
26-30	26,783	130,001
31-35	24,012	77,775
36-40	22,344	48,760
41-45	11,336	14,624
46-50	5,069	3,624
50 +	1,700	427

Figure 1

Further review of demographic data shows that 78 percent of officers and 54 percent of enlisted soldiers are married. As of 21 January 1988 there were 19,123 enlisted soldiers and 3,314 officers married to each other. There are 37,418 enlisted single parents and 2,614 single officer parents. Total Army statistics show that there are 446,000 spouses and 730,000 children that belong to Army members and these numbers continue to grow. Of these numbers, sixty-six percent are serving at U.S. installations (CONUS) and thirty-four percent are overseas (OCONUS). A detailed list of children, by age, is shown in Figure 2.³

<u>AGE OF CHILDREN</u>	<u>OFFICER</u>	<u>ENLISTED</u>	<u>TOTAL</u>	<u>PERCENT</u>
0-3	24,000	173,000	197,000	27%
4-5	21,000	122,000	143,000	20%
6-11	42,000	170,000	212,000	29%
12-15	25,000	78,000	103,000	14%
16-18	14,000	33,000	47,000	6%
19-22	10,000	18,000	28,000	4%

Figure 2

STATISTICAL DATA OF ABUSE CASES

Locating accurate statistics that define the nature of family problems, specifically spouse and child abuse, is no easy task. It was not until 1979 that the Army began maintaining statistical data in those two categories. As reporting procedures became more sophisticated it could be anticipated that the number of offenses would increase dramatically. In a study conducted in Missouri in 1975 the implementation of a child abuse law created a significant rise in statistics. In 1971, prior to the law being in effect, there were 795 reported cases of child abuse and neglect. In 1977, two years after the law was created, the number rose to 34,219.⁴ There has been a steady increase of offenses in the Army. This information is depicted in Figure 3.⁵

FISCAL YEAR	CHILD ABUSE CASES	% CHANGE YEAR TO YEAR	SPOUSE ABUSE CASES	% CHANGE YEAR TO YEAR
1979	1,788	- -	- -	- -
1980	2,822	58%	- -	- -
1981	3,324	18%	- -	- -
1982	4,978	50%	- -	- -
1983	4,976	- -	- -	- -
1984	4,035	-19%	3,929	- -
1985	4,124	2%	5,064	29%
1986	4,390	6%	6,642	31%
1987	5,683	29%	7,848	18%

Figure 3

As expected, this problem is not confined to the Army. A review of Department of Defense data confirms the problem is spread throughout the services. Reported cases of child and spouse abuse, in all the services, for FY 86 is shown at Figure 4.

REPORTED CASES OF CHILD AND SPOUSE ABUSE FY86

	CHILD				
	<u>Substantiated</u>	<u>Suspected</u>	<u>Unsubstantiated</u>	<u>Total</u>	<u>%Substantiated</u>
Army	3333	1057	324	4714	71%
Navy	1749	710	415	2874	61%
Marine Corps	487	127	40	654	74%
Air Force	<u>2335</u>	<u>2116</u>	<u>708</u>	<u>5159</u>	<u>45%</u>
TOTAL	7904	4010	1487	13401	59%

	SPOUSE				
	<u>Substantiated</u>	<u>Suspected</u>	<u>Unsubstantiated</u>	<u>Total</u>	<u>%Substantiated</u>
Army	5876	766	461	7103	83%
Navy	2372	636	155	3163	75%
Marine Corps	1062	242	33	1337	79%
Air Force	<u>2008</u>	<u>559</u>	<u>212</u>	<u>2779</u>	<u>72%</u>
TOTAL	11318	2203	861	14382	79%

Figure 4

As shown in Figure 5, more child abuse cases are reported at CONUS installations than OCONUS. It is speculated this may be attributable to lack of coordination and information passing between commands. Another factor contributing to low overseas reporting is young families living on the local economy. Many offenses, that occur off post, never reach Army channels.

SUBSTANTIATED AND SUSPECTED CHILD ABUSE CASE LOCATION FY86

	CONUS		OCONUS		TOTAL
	Substantiated	Suspected	Substantiated	Suspected	
Army	2865	882	468	175	4390
Navy	1672	700	77	10	2459
Marine Corps	475	123	12	4	614
Air Force	<u>2198</u>	<u>1909</u>	<u>137</u>	<u>207</u>	<u>4451</u>
TOTAL	7120	3614	694	396	11914

Figure 5

Substantiated Child abuse cases, by type, are reflected in Figure 6.

TYPES OF SUBSTANTIATED CHILD ABUSE FY86

	<u>Physical Injury</u>	<u>Sexual Abuse</u>	<u>Deprivation of Necessities</u>	<u>Emotional Maltreatment</u>	<u>Multiple Maltreatment</u>	<u>Total Abuse</u>
Army	1220	452	1383	152	126	3333
Navy	611	397	458	114	169	1749
Marine Corps	197	61	106	23	100	487
Air Force	<u>836</u>	<u>463</u>	<u>518</u>	<u>121</u>	<u>397</u>	<u>2335</u>
Total	2864	1373	2465	410	792	7904

Figure 6

Deaths that occurred as a result of abuse cases are listed in Figure 7.

CHILD AND SPOUSE RELATED DEATHS FY86

	<u>Child Abuse</u>	<u>Spouse Abuse</u>
Army	12	4
Navy	3	2
Marine Corps	3	0
Air Force	<u>6</u>	<u>0</u>
Total	24	6

Figure 7

Figures 8 and 9 show the numbers of substantiated child abuse cases, by pay grade, and the primary relationship of the offender to the victim.

CHILD ABUSE OFFENDERS BY PAY GRADE

FOR SUBSTANTIATED CASES

FY 86

	No. of Active Duty Members	Pay Grade						Total Cases
		E1-E3	E4-E6	E7-E9	W0	01-03	04-010	
Army	776,905	263	1819	278	32	52	24	2468
Navy	568,887	584	694	142	1	10	5	1436
Marine Corps	197,085	139	269	100	16	1	1	526
Air Force	<u>603,498</u>	<u>288</u>	<u>1077</u>	<u>188</u>	<u>13</u>	<u>60</u>	<u>29</u>	<u>1655</u>
Total	2,146,375	1274	3859	708	62	123	59	6085

Figure 8

PRIMARY OFFENDER RELATIONSHIP TO CHILD VICTIM
FOR SUBSTANTIATED CASES

FY86

	Parent	Other Relative	Teacher/ Child Care	Neighbor/ Friend	Other	Total
Army	3087	61	77	54	54	3333
Navy	1524	43	59	59	64	1749
Marine Corps	437	12	13	22	3	487
Air Force	<u>1880</u>	<u>135</u>	<u>134</u>	<u>115</u>	<u>71</u>	<u>2335</u>
Total	6928	251	283	250	192	7904
Percent of all Substantiated Cases						
	87.65%	3.18%	3.58%	3.16%	2.43%	100%

Figure 9

Figure 10 shows the number of substantiated spouse abuse offenders, by pay grade.

SPOUSE ABUSE OFFENDERS BY PAY GRADE
FOR SUBSTANTIATED CASES

FY86

	No. of Active Duty Members	Pay Grade						Total Cases
		E1-E3	E4-E6	E7-E9	WO	01-03	04-010	
Army	776,905	656	3511	364	53	86	30	4700
Navy	568,887	729	919	244	8	23	11	1934
Marine Corps	197,085	424	392	182	2	5	2	1007
Air Force	<u>603,498</u>	<u>453</u>	<u>951</u>	<u>135</u>	<u>1</u>	<u>32</u>	<u>7</u>	<u>1579</u>
Total	2,146,375	2262	5773	925	64	146	50	9220

Figure 10

All of the statistical data for this report was provided by the Military Family Resource Center, Office of the Assistant Secretary of Defense for Force Management and Personnel, Washington D.C.⁶

Many experts believe that child and spouse abuse may be the most underreported crimes in America.⁷ A review of the uniform crime report maintained by the Federal Bureau of Investigation reveals there is no specific categories for abuse offenses. Crimes are categorized as assaults, aggravated assaults, or homicides with no indication that the crime was committed against a family member.⁸

A national crime survey conducted by the Department of Justice from 1978 to 1982 indicates that approximately half of all domestic violence cases against women are never reported. The most common reason given by women for not reporting these incidents was that they considered it a "personal or private matter." Fear of reprisal was the next most significant factor for not reporting.⁹

The recent establishment of a Central Registry by the Surgeon General and education efforts to inform the Army on how to report abuse cases may fix this problem over time.

The statistical data presented in this chapter does provide a basis for developing a plan to address the problem. The target population for preventive programs should be soldiers, age 20-30, serving in pay grade E-1 thru E-6. Family action plans should be developed with that specific audience in mind for preventive efforts.

ENDNOTES

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2. U.S. Department of the Army, Community and Family Support Center, Army Community Service Branch, Family Support Briefing Slides, 21 January 1988.

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7. U.S. Department of Justice, U.S. Attorney General's Task Force, Family Violence, September 1984, p. 2.

8. U.S. Department of Justice, Federal Bureau of Investigation, Crime in the United States, 25 July 1987, pp. 163-175.

9. U.S. Department of Justice, Bureau of Justice Statistics, Preventive Domestic Violence Against Women, August 1986, pp. 1-3.

CHAPTER II

HISTORY OF THE ARMY PROGRAM

Development of a Family Advocacy Program (FAP) in the U.S. Army parallels those of the other services and the civilian sector. Beginning in the early 1960's and continuing into the 1970's it became obvious it would be necessary to develop programs to counteract the growing numbers of spouse and child abuse cases. Initial efforts were aimed primarily at the medical aspects of the problem, mostly in the form of treatment. Over time, programs expanded to include a total package of education, prevention, intervention, treatment, and effective follow-up. In March 1973, all the services met and a consensus reached that there should be a Department of Defense coordinated effort. This approach was bolstered in 1974 when Public Law 93-247, The Child Abuse and Treatment Act was passed. Early Army efforts were under the control of the Army Surgeon General. This changed in November 1975 when AR 600-48 was published assigning responsibility for FAP to the Deputy Chief of Staff for Personnel (DCSPER). Management was transferred to the Adjutant General in 1977. In October, 1978 AR 608.1 was published placing control of the program under the Army Community Services Program (ACS), a subsystem of DCSPER. Each installation commander was required to appoint an Army Child Advocacy Program Officer and to create a Child Protection and Case Management Team to review and act upon reported incidents.¹⁰

GENERAL ACCOUNTING OFFICE STUDY

In May, 1979 the General Accounting Office (GAO) conducted a study of each of the military services child advocacy and military family programs. Findings of that study were critical of the services efforts to deal with the problem. Specific findings are as follows:

- Programs Lacked sufficient direction and resources
 - o No direct funding
 - o Staffed by people with other duties
 - o Programs were monitoring problems, not managing them
- Installation programs evaluated could all be improved
 - o Programs were medical care oriented
 - o Lack of education on program
 - o Need for prevention and intervention identified
- Need for centralized group to control service efforts
 - o Full time staffing vs. part time required
 - o Funding efforts more coordinated
 - o Uniform reporting procedures needed to be established
 - o Inconsistent program implementation

The report recommended that a centralized Department of Defense Agency be created to provide guidance to all services in order to develop a more comprehensive and coordinated program.¹¹ This recommendation was implemented by the establishment of the military Family Resource Center under the control of the Assistant Secretary of Defense for Force Management and Personnel.

STRUCTURE OF THE ARMY FAMILY ADVOCACY PROGRAM

In October, 1987 the Army published AR 608-18, The Army Family Advocacy Program. This new regulation implements DOD directives, assigns responsibilities and outlines policies and procedures for the prevention, identification, reporting,

investigation, and treatment of spouse and child abuse. It also established procedures for transferring cases from one installation to another.¹²

The DCSPER has overall responsibility for the Family Advocacy Program. The commander, U.S. Army Community and Family Support Center is the DCSPER manager for all family related matters. Army Community Services (ACS) are under his control and have been designated as the agency responsible for all family related programs. The organization of this agency is shown at Figure 11. The philosophy of this organization is "soldiers are entitled to the same quality of life as is afforded the society they are pledged to defend."¹³

ARMY COMMUNITY SERVICE

"THE COMMANDERS' VEHICLE FOR SUPPORTING ARMY FAMILIES"

Information and Referral	Exceptional Family Member Program	Foster Care	Outreach	Volunteer Coordinator
Relocation Assistance	Family Member Employment	Financial Planning & Consumer Affairs	Family Advocacy Child & Spouse Abuse	

Figure 11

The commander, U.S. Army Community and Family Support Center chairs the Family Advocacy Committee. In that capacity he coordinates the input from the Office of the Surgeon General, Total Army Personnel Agency, Office of the Staff Judge Advocate, Chief of Chaplains, Department of Defense Schools system, Office of Army Law Enforcement, Criminal Investigation Command, and the

U.S. Army Drug and Alcohol Operation Activity. The purpose of the committee is "to develop coordinated policy and guidance and promote related training."¹⁴

A synopsis of specific responsibilities of each of these agencies is as follows:

THE SURGEON GENERAL

- Establish a central registry to collect and analyze spouse and child abuse data.
- Recording all reported spouse and child abuse cases.
- Providing historical data to authorized personnel in previous cases involving soldiers.
- Completing DD Form 2486 & forwarding it to the Central Army Registry.
- Tracking spouse and child abuse cases and maintain Army data bank.
- Compiling semiannual reports
- Assisting in background checks in ACS foster care programs, army child development services and Army youth activity programs.
- Major medical commands of the Surgeon General's Office will:
 - o Provide medical, dental & clinical family advocacy services.
 - o Establish policy, procedures, standards and doctrine for medical aspects of case management.
 - o Develop standard protocol for identifying and managing abuse cases.
 - o Train medical personnel to identify spouse and child abuse cases.

THE JUDGE ADVOCATE

- Advises on legal issues
- Trains installation personnel on legal issues of spouse and child abuse cases

- Provides a representative to installation advocacy committee

OFFICE OF ARMY LAW ENFORCEMENT

- Provide guidance on investigation of suspected cases
- Provide representation to local councils

COMMANDER - TOTAL ARMY PERSONNEL AGENCY

- participate in deferments and reassignments of soldiers considered to be at risk or under investigation

CHIEF OF CHAPLAINS

- trains all chaplains to identify child and spouse abuse cases
- develops policies for chaplain participation at installation level

COMMANDER, CRIMINAL INVESTIGATION COMMAND

- trains agents to investigate child sexual and physical abuse¹⁵

INSTALLATION RESPONSIBILITIES

Every installation has been directed to establish a program for preventing, investigating, and treating spouse and child abuse. The manager of the family advocacy system at installation level must be "a professional social services person with a masters degree or equivalent experience in behavioral science."¹⁶ The system is established to provide a 24 hour emergency response team consisting of key installation personnel. This organization is known as the Family Advocacy Case Management Team (FACMT). As a general rule the FACMT will be chaired by the chief, social work services. Membership will consist of the following:

- family action plan manager
- a pediatrician
- community health nurse
- chaplain
- dental representative
- provost marshal representative
- criminal investigation command representative
- Staff Judge Advocate representative
- drug/alcohol representative
- a psychiatrist
- a psychologist
- child development coordinator

Other experts within the military community may be asked to participate in FACMT activities depending on the nature of the case under consideration. The FACMT is established specifically to react to allegations of spouse or child abuse.

AR 608-18 is quite specific regarding the implementation of a Family Advocacy program and it is not the intent of this paper to restate the requirements of the regulation. A highlight of some of the salient points include the requirements to coordinate with civilian agencies to insure military families living off the installation are not forgotten. This includes installations located in the United States and overseas. A condensed list of program manager requirements are as follows:

- conduct training in preventive programs
- direct foster care - safe shelters program
- establish and maintain 24 hour hot lines
- conduct liaison with and educate commanders
- implement schools program to educate children
- evaluate reports of abuse
- determine disposition of cases through the FACMT
- develop treatment plans
- create memorandum of agreement with local authorities¹⁷

Based on personal experience as a law enforcement officer in both CONUS and OCONUS this program, as it is currently managed, works. It helps solve the most serious (high intensity) cases and has a positive impact on family wellness. However, the

program is primarily reactive in nature and is not designed to deal with family low intensity conflict. The number of families in need of help in a proactive mode would quickly overwhelm the work capacity of the FACMT. Many of the problems these families have are not serious enough to warrant FACMT involvement, but do require some action on the part of installation resources. Where do these families turn for help before their minor problems become major? The answer to that question is the purpose of the remainder of this paper.

ENDNOTES

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12. U.S. Department of the Army, Army Regulation 608-18, The Army Family Advocacy Program, pp. 3-5, (hereafter referred to as "AR 608-18").

13. U.S. Department of the Army, Community and Family Support Center, Army Family Advocacy Branch, Briefing Slides, 21 January 1988.

14. AR 608-18. pp. 3-4.

15. Ibid., pp. 5-6.

16. Ibid., p. 6.

17. Ibid., 7-9.

CHAPTER III

POLICE RESPONSES TO DOMESTIC COMPLAINTS

"Progress against the problem of family violence must begin with the criminal justice system. Social service agencies, schools, churches, hospitals, businesses and individual private citizens must do their part as well, but it is law enforcement that must respond to the calls for help, prosecutors who must bring the perpretrators before the courts and judges who must impose penalties that balance the interest of the victims and the requirements for justice."¹⁷ Approximately one-fourth of all homicides and serious assaults are a result of domestic violence. Minor violence within the family unit is often an indicator that more serious injuries are likely to occur.

Responding to and handling domestic incidents has always been a problem for police. Unless a police officer is assaulted during these incidents, arrests are rare. In the late 1960's and early 1970's model police programs emerged where police tried to mediate disputes and attempted to help families solve their problems. "A 1984 survey of big city police departments found that only 10 percent encouraged officers to make arrests in domestic violence cases, while 40 percent encouraged mediation and 50 percent had no policy at all. If action is desired, many policemen would rather not make an arrest; they prefer to order an informal separation or to tell the offender to leave the house for the night."¹⁸ Police often do not make arrests because in most states domestic violence is a misdemeanor and little or no

action is taken against offenders. "In twenty-eight states police are allowed to make arrest in misdemeanor domestic violence cases in which they did not witness the disputed conduct."¹⁹ In the remaining twenty-two states the officer must witness the offense to make an apprehension. Lack of a coordinated approach when responding to domestic disturbances continue to plague civilian law enforcement departments. Law enforcement agencies on military installations, while required to work within the law, have many more options available to them to deal with domestic disturbances than their civilian counterparts. Living on a military installation represents a much more structured environment than living in a civilian community. The service members commander, unlike a civilian boss, maintains responsibility for the soldier and his family even after duty hours. In civilian life, an employer may never know one of his employees was arrested or is experiencing difficulties at home.²⁰ The structure in the military community then, offers an excellent mechanism to help families solve their problem.

HIGH INTENSITY CONFLICT

As stated earlier in this paper, the mechanism to deal with criminal activity within the family unit in the military, is in place and works. The family advocacy case management team is an excellent system that deals with serious cases in a reactive mode. The problem that needs to be solved is dealing with families that have low intensity problems. Military police often respond to the scene of a domestic complaint to find that a crime

has not occurred and then are confronted with the traditional dilemma, of what to do. Figure 12 depicts what happens once the military police respond to a high intensity situation.

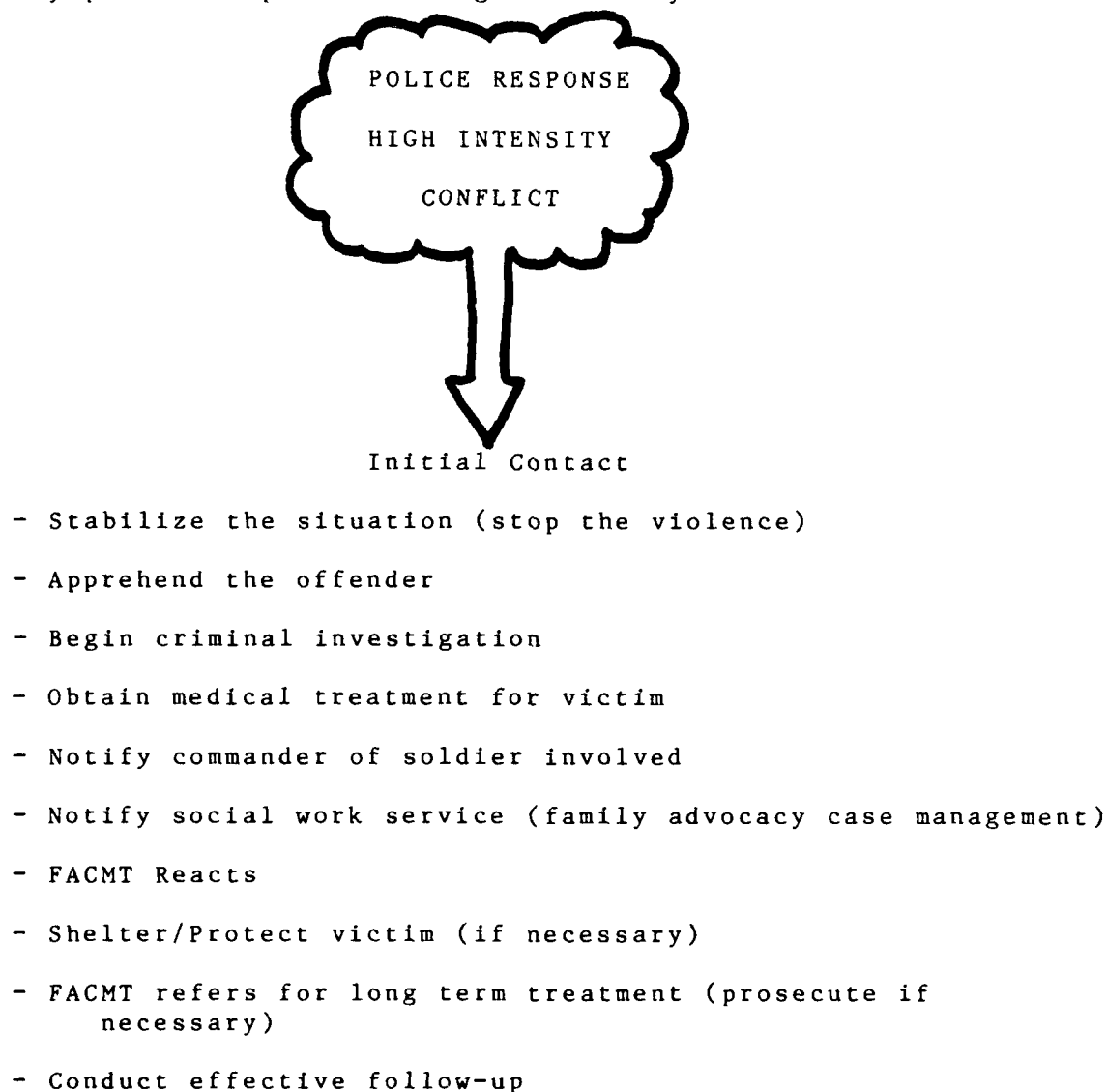


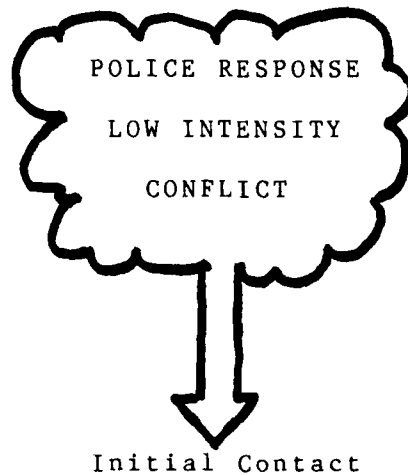
Figure 12

This is a good system that takes advantage of existing expertise and installation resources. It is reactive in nature and designed to deal with a high intensity family problem that is out of control. Many police officials would argue that a response of

this nature solves the problem and police responsibility should go no further. They believe police work should be enforcement rather than assistance oriented. We are not "social workers" is often the most frequent comment provided by police officers when asked why they do not do more in a preventive mode.

LOW INTENSITY CONFLICT

Military police, when responding to low intensity domestic disturbances often remove the soldier from the home for the night and place him in his unit. Unless the unit commander pursues the problem the next day, the soldier will often return to the home without anyone attempting to determine the root cause of the problem. This is an unsatisfactory method for helping soldiers and their families. A better technique is described in Figure 13.



- respond with crisis reaction team
- immediate solution - stop the argument
- make on-the-spot inquiries as to the nature of the problem
- notify chain of command - have representative come to the scene (discretionary call)
- remove soldier from quarters for cooling off period

- contact intake counselors in ACS for initial meeting. If urgent, do immediately, if not wait for next duty day (discretionary)
- refer family to agency best equipped to meet needs
- perform effective follow-up

Figure 13

Unless this kind of a system is established at the installation level, the following scenario is likely to occur when the police receive domestic complaints. The military police desk receives a complaint of domestic disturbance from a concerned citizen or some other source and dispatches a patrol to the scene. The patrolman responds and gains entry to the quarters. No crime has occurred so the patrol tells the soldier to hold the noise down and departs the quarters. If the soldier becomes belligerent or is intoxicated he may be removed from the home and placed in the unit. A record of this police response may or may not be made depending on local policy. This kind of response does not identify the problem or help solve it.

PROVOST MARSHAL RESPONSIBILITY

Every provost marshal should create a trained crisis response team to respond to domestic complaints. This crisis response team should consist of a male and female military police investigator, 95 B V-5, and a 91G, Behavioral Science Specialist provided by the local medical activity. The mission of this team is to respond to, investigate, and refer families in need of help. Not every domestic problem requires referral and that decision would be based on the best judgment of the crisis

reaction team and the unit commander. They would base their decision on a number of factors. A sample list is as follows:

- any previous complaints
- nature of the current problem
- condition of the home (is it clean, are there dog or child feces on the floor or a weeks worth of dirty dishes etc.)
- if there are children, do they look okay? (appropriate clothing, no signs of abuse or neglect etc.)
- are the participants communicative or combative?
- input from unit chain of command

Based on the information available and the best judgment of the reaction team, an on the spot decision is made to deal with the problem that night of the next duty day. Whenever that decision is made the focal point for action should be the ACS officer who is responsible for providing a 24 hour a day (on call during nonduty hours) intake counselor system.

INTAKE SYSTEM FUNCTIONS

Once a referral, from any source, is made to the intake counselor, they assume responsibility for directing the family to the agency best designed to help them solve the problem. They, along with the unit commander, then track the family to insure they stay with whatever program is established for them. A list of organizations and resources that exist at most installations that may help families solve their problems is as follows:

- alcohol and drug abuse center
- Army Community Service

- consumer affairs
 - information and referral services to civilian agencies
 - relocation service
 - exceptional family member service
 - foster care
 - special programs for families (baby-sitting classes etc.)
 - family advocacy/family action plan
 - outreach programs
- Army Emergency Relief
 - American Red Cross
 - Champus Advisor
 - Child Development Services
 - Education Center
 - Equal Opportunity Office
 - Legal Assistance
 - Inspector General
 - Family Housing Office
 - Retirement Services Program
 - Senior Citizen Support Groups
 - Social Work Services
 - Health Promotion Clinic/Women's Wellness Clinic
 - Nutrition Education
 - Volunteer Programs
 - Safe Shelters (some installations)
 - Family Child Care
 - Youth Programs
 - Scouting
 - Crafts Center
 - Chaplains
 - Post Library

- Hospital Agencies
- Food Locker²¹

Obviously, there are a variety of programs available to help people. The key to a successful program is to get the family in need to the right agency in a timely manner. By having the military police establish a crisis reaction team, many families will receive help they would ordinarily not get.

OFF POST INCIDENTS

The Provost Marshal should also create a civil liaison team that coordinates daily with local police departments, sheriffs offices and District Attorneys. Any military family identified by these agencies as in need of help should be contacted by the crisis action team and referred to on post agencies in the same manner as those families living on the installation. The unit commander becomes the most important participant in these cases. He must convince the servicemember to have the spouse (male or female) voluntarily participate in the referral process.

By creating a memorandum of agreement with civilian authorities, many resources available in the civilian community can also be made available to soldiers and their families if the service is not available on the installation. An additional benefit of daily contact with the local district attorney's office is that commanders will know which of their soldiers have court appearances and why.

PREVENTION AND EDUCATION

Army regulation 608-18 requires that every commander attend a mandatory class on programs designed to counter family problems within forty five days of assuming command. This lets them know how the system is organized on their installation and where they can turn for help if they have a soldier or family in need. Additionally, the family action plan manager should use any means available to educate the public. This includes using contract services if required. As a minimum these efforts should include:

- Use of monthly media (bulletins, newspapers, flyers, radio)
- Monthly presentations to groups (wives club, PTA, church groups, schools)
- Participating in community events (health fairs, organization days)
- Conducting special theme events
 - o crime prevention month
 - o child find - operation identification
 - o safety classes
 - o bicycle rodeos
- Creating a schools program for theme presentations
- Educating soldiers on how to cope with problems
- Educating installation professionals (all agencies that interact with the public)
- Sponsoring parent education programs
- Sponsoring prenatal and perinatal support programs
- Teaching homemaking skills

This list is only a sample of available programs. The range of prevention and education efforts is limited only by the imagination of those personnel responsible for implementing and executing the policy.²²

PRINCIPLES SHAPING THE SERVICES

Before implementing any service or program, the objectives and expected outcomes must be clearly defined. Maximum use of volunteers that are representative of the target audience is essential for proper communications. The use of Colonel's wives to help privates wives in developing good parenting techniques is not appropriate. The program should have a neighborhood focus and take ethnic considerations into account. It must be an integrated effort that consolidates all community resources rather than having a fragmented approach. Participants should be made to feel part of the program by including them in structured activities instead of simply providing lectures. Giving them responsibility for making the program a success (ownership), then decentralizing the system to the lowest possible level will develop a sense of fulfillment and commitment for the participant. Finally, the program must be viewed as educational and preventive, not punitive. Soldiers should be encouraged to participate and bring their spouses with them. Only then is this going to succeed.²³

OUTREACH PROGRAM

The Department of the Army, Community and Family Support Center is about to publish a new paper outlining how to establish an outreach program. The purpose of Outreach is to establish contact and rapport with geographically or socially separated families of service members. The concept is to go to the trailer park out the main gate of the installation or to the on post

housing area where a preponderance of young enlisted families live and establishing dialogue with them to give them a sense of belonging to the military community. It is not coincidental that the population of these trailer parks will represent a high percentage of at risk families for both high and low intensity problems.

Delivery of services should revolve around developing a sense of self reliance/belonging and reducing the feelings of social isolation. Particular attention should be given to single parents, families where the spouse is gone on an extended deployment and first term soldiers whose young wives are away from home, many for the first time.

HOW OUTREACH WORKS

The first step in establishing an outreach program is to complete a community needs assessment. Identifying the target population by age, where it lives, ethnic composition and other pertinent data will provide the focus for outreach teams. The program should begin with a viable welcoming system and orientation. Every effort must be made to get all families to this initial phase. Community awareness of the availability of the system will also help insure its success. Once established, the program can go about meeting the needs of the community. This could be in the form of:

- A medical van going to off post areas densely populated by military families.
- Health nurses holding health fairs off post

- Teaching life skills
 - o How to shop
 - o Where to shop
 - o Basic homemaking
 - o Money management
 - o GED preparation
- Stress Reduction classes
- Establishing satellite centers, on and off post, to use as a gathering place
- Chapel groups -- Networking

Again, this is a program that can be modified to meet any needs of the community.²⁴ Gaining the confidence of the target audience and maintaining it by respecting the individuals privacy will help solidify the program.

If the installation being served is one where units go on long term deployments then the outreach program can be established accordingly to meet the needs of the families of the soldiers participating in the deployment. This is one way of maintaining contact with families while the soldier is away from the home.

Use of military police crises reaction teams coupled with a strong outreach program will help many families in need get referred to the agency best designed to help them solve their problems. These programs can be created using available resources that require a minimum amount of funding. To be successful, they must have the support of Commanding Generals and Installation Commanders. In the end, the Army will benefit because its soldiers and their families will be more productive members of the community.

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17. Attorney General Task Force, p. 113.
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CHAPTER IV

CONCLUSION

All incidents of spouse and child abuse must be considered tragic. The damage done to the family unit and the impact that has on society as a whole is immeasurable. A review of Department of Defense statistics indicates there is a problem throughout the services and studies have shown that the most likely age group to commit violent acts is represented by the majority of the Army population.

LONG RANGE PLANNING

Based on a thorough community needs assessment, the military can establish programs that integrate families needs with installation resources tailored to meet those needs. A multidisciplinary approach of educating, preventing, treating and assisting is necessary to have a comprehensive program. Efforts must focus on the long term while providing services in the short term.

MILITARY COMMUNITY STRUCTURE

The structure that exist in all military communities make it an ideal environment to establish family support systems. Key to the success of any of these endeavors is command involvement. If the Commanding General is supportive and puts the proper emphasis on making the system work, subordinate commanders are much more likely to put their support into the effort. Commanders at all

echelons must realize that the success of this program ultimately works to their advantage by taking the burden off them and placing it on the system. If soldiers and their families receive the help they need early, everyone benefits. A disturbed, frustrated, angry and isolated soldier is not a productive soldier. His contribution to military effectiveness is minimal and often distracting because of the time devoted to him by the chain of command.

FAMILY PARTNERSHIP

There is no doubt that a partnership exists between the military and the families that are in it. Studies indicate that family dissatisfaction often is caused by the spouses attitude based on frequent separations, family income, inadequate housing, and geographic and social isolation. The creation of solid programs that provide a wide range of services designed to help families overcome these stress factors can only strengthen the partnership that exists between the military and the people in it. The use of gimmicks and slogans instead of action oriented programs will quickly be seen through by the audience for which they are intended. As the 1983 White Paper on the Army family points out, "It is now generally recognized that families have an important impact on the Army's ability to accomplish its mission. The family life, of members of any organization, once a private matter, is now an organizational concern." A true partnership exist between the Army and family members in which the Army is viewed as "a way of life, not a job." The Army, as an

institution, has the responsibility to create an environment in which families feel secure, stable, wanted, and needed. The creation of proactive family support systems establishes the right environment for families to cope with stresses associated with life in the military.

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